Reports of child abuse and neglect

The allegation system

1. WHAT YOU NEED TO KNOW ABOUT CHILD ABUSE OR NEGLECT
 INVESTIGATIONS
 ILLINOIS DCFS

2. ADMINISTRATIVE CODE TITLE 89: SOCIAL SERVICES
 CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
 SUBCHAPTER A: SERVICE DELIVERY
 PART 300 REPORTS OF CHILD ABUSE AND NEGLECT
 SECTION 300. APPENDIX B CHILD ABUSE AND NEGLECT ALLEGATIONS

3. REPORTS OF CHILD ABUSE AND NEGLECT
 300. APPENDIX B. THE ALLEGATION SYSTEM

Reports of Child abuse and Neglect October 09, 2015 - PT 2015.23

1. 300 Appendix B- The allegations system

 a) Purpose of the allegations system pg. 1
 b) Allegations pg.1
 c) Persons Who May be Considered Perpetrators of Child Abuse or Neglect pg. 2
 d) Reasonable Effort to protect a child pg.5
 e) Harm or Imminent Risk of Harm Caused by the Blatant Disregard of Parental or Caregiver Responsibilities pg. 5
 f) Special assessments in Cases of Egregious Acts pg.5
 g) Outline of an allegations pg. 6
 h) Contacts, Activities, and Documentation Required for ALL Allegations pg. 7-14

2. Allegation of Harm #1/51 Death (total = 6 pages)

3. Allegation of Harm #2/53 Head Injuries (total = 4 pages)

4. Allegation of Harm #4/54 Internal Injuries

5. Allegation of Harm #5/55 Burns

6. Allegation of harm #6/56 Poison/ Noxious Substances

7. Allegation of Harm #7/57 Wounds

8. Allegation of Harm #9/59 Bone Fractures

9. Allegation of Harm #10 Substantial Risk of Physical Injury

10. Allegation of Harm 60 Environment Injurious TO health and Welfare

11. Allegation of Harm #11/61 Cuts, Bruises, Welts, Abrasions a& Oral Injuries

12. Allegation of Harm #12/62 Human Bites

13. Allegation of Harm #13/63 Sprains/dislocations

14. Allegation of Harm #14/64 Tying/Close confinement

15. Allegations of Harm #15/65 Substance misuse

16. Allegation of Harm #16 Torture

17. Allegation of Harm #17/67 Mental and Emotional Impairment

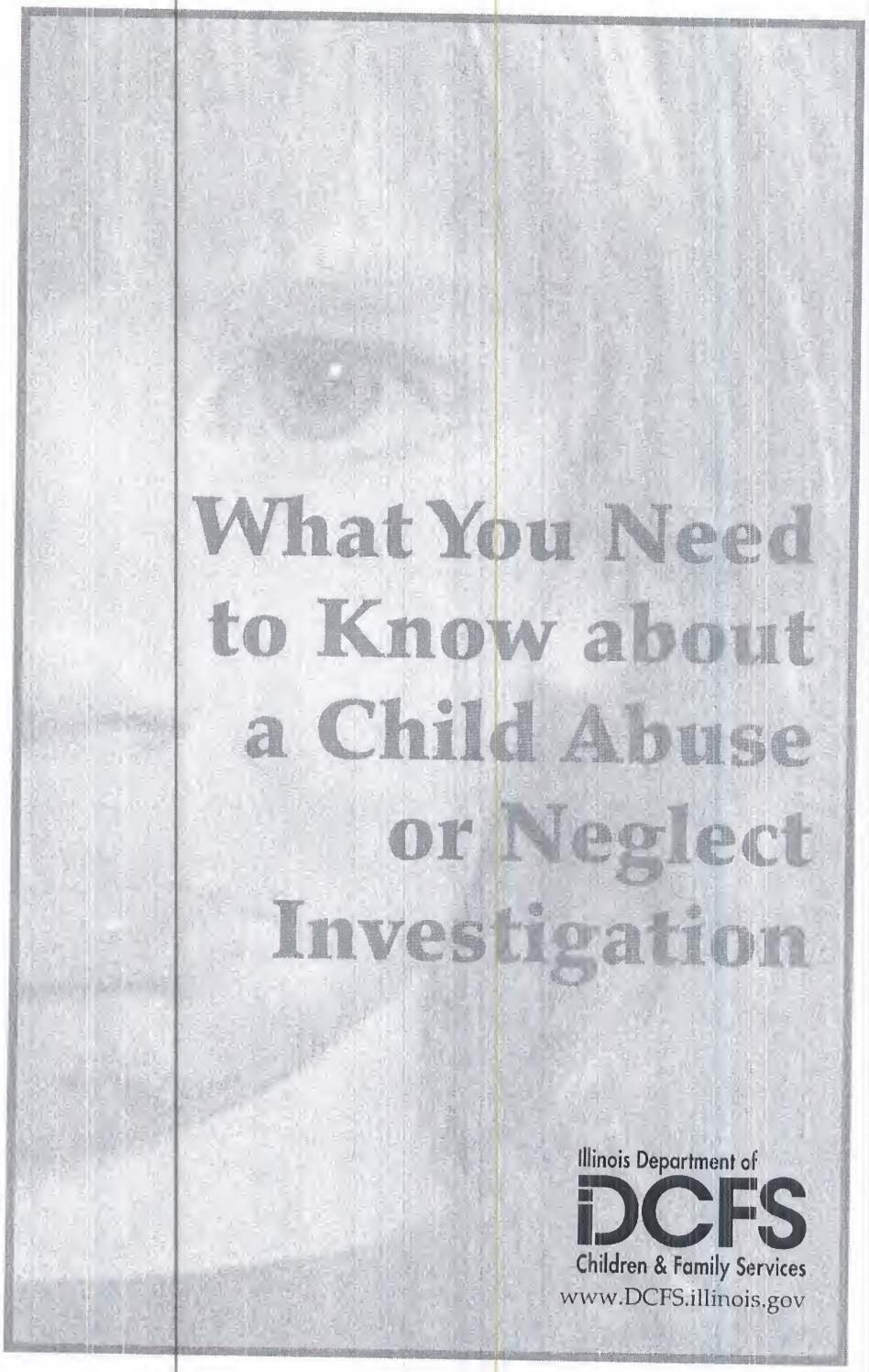
18. Allegation of Harm #18 Sexually Transmitted Diseases

19. Allegation of Harm #19 Sexual Penetration

20. Allegation of Harm #20 Sexual Exploitation

21. Allegation of Harm #21 Sexual Molestation

22. Allegation of Harm #22 Substantial Risk of Sexual Injury
23. Allegation of Harm #40/90 Human Trafficking of children
24. Allegation of Harm #74 Inadequate Supervision
25. Allegation of Harm #75 Abandonment Desertion
26. Allegation of Harm #76 Inadequate Food
27. Allegation of Harm #77 Inadequate Shelter
28. Allegation of Harm 78 Inadequate Clothing
29. Allegation of Harm #79 Medical Neglect
30. Allegation of Harm #81 Failure to Thrive (Non-Organic)
31. Allegation #82 Environmental Neglect
32. Allegation of Harm #83 Malnutrition (non-organic)
33. Allegation of Harm #84 Lock-out
34. Allegation of Harm #84 Medical Neglect of disabled Infants



What You Need to Know about a Child Abuse or Neglect Investigation

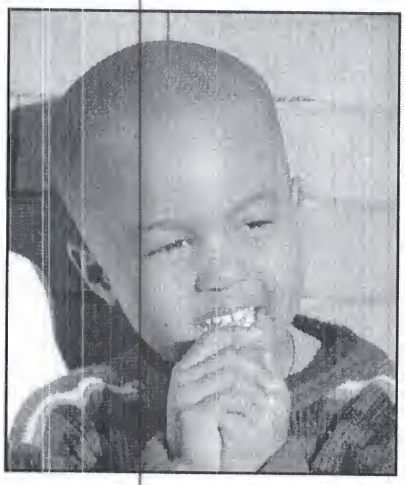
Illinois Department of
DCFS
Children & Family Services
www.DCFS.illinois.gov

Introduction

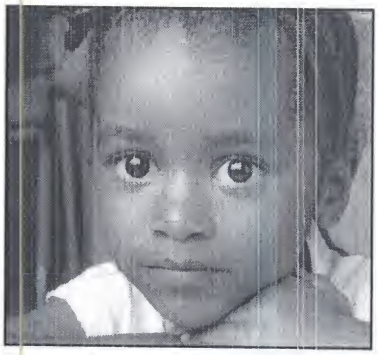
The purpose of this booklet is to provide information concerning the Department of Children and Family Services (DCFS), the Child Abuse Hotline and the child abuse and neglect investigation process. DCFS is mandated by Illinois law to maintain a 24 hour hotline to receive reports from the public and mandated professionals concerning alleged incidents of child abuse and neglect involving Illinois children. Reports taken at the hotline are forwarded to a department field office nearest the alleged child's home for investigation.

The department's focus during the course of all child abuse and neglect investigations is the safety of the child victims of the alleged child abuse or neglect. Child abuse and neglect investigations are initiated within 24-hours after the report is taken at the hotline by initiating contact with the alleged child victims or observation of the child's environment if the allegation is one of inadequate shelter or environmental neglect.

When a child is believed to be at immediate danger of harm, the investigation will be initiated without delay. DCFS has up to 60 days to complete an investigation and make a final determination. However, 30-day extensions can be granted for good cause. The department notifies the alleged perpetrator and the child's caretakers in writing of the department's final finding within 10 days after the final determination is entered into the State Central Register. If the allegation is indicated, the notification also provides the perpetrator with instructions on how to request an appeal and receive an administrative hearing before an impartial Administrative Law Judge. The DCFS director will issue a final administrative decision within 90 days of the receipt of a timely and sufficient request for an appeal, unless extended by an action of the person filing the



appeal or a stay pending a final judicial determination of a criminal or juvenile court proceeding based upon the same set of facts.



These topics are discussed in greater detail throughout this booklet. Information concerning child abuse and neglect investigations and administrative appeals can be accessed through the department's website, www.DCFS.illinois.gov.

Overview of Child Abuse and Neglect Investigations

What is the Child Abuse Hotline?

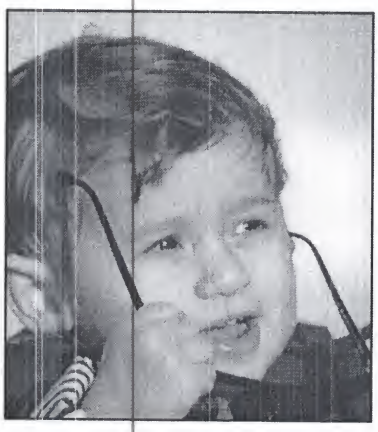
Child welfare professionals staff the department's child abuse hotline 24 hours per day, seven days per week, 365 days per year to receive and assess reported information of suspected child abuse and neglect. Information meeting the criteria for a report of abuse or neglect it taken and forwarded to the appropriate department field office for investigation. The toll free number for the hotline is 1-800-25ABUSE (252-2873).

Who can call the Child Abuse Hotline?

Anyone can make a report to the DCFS child abuse hotline. However, certain professionals, such as doctors, nurses, teachers, childcare center staff and social workers are mandated reporters. Mandated reporters are required to call the child abuse hotline and make a report if they have reason to believe that a child known to them in their professional capacity may be abused or neglected. Mandated reporters may suffer severe penalties, such as the loss of a professional license or criminal charges, if they fail to report suspected child abuse or neglect.

What happens during the investigation?

After the child welfare professional at the hotline determines there is enough information to take a report, the case is assigned to a trained investigative specialist. The investigative specialist is required by law to initiate the report by seeing the alleged child victims within 24 hours from the time the report is received. If the allegation is one of inadequate shelter or environmental neglect, the investigative specialist will initiate the report by viewing the child's living environment. During this initial contact and throughout the investigation, the investigative specialist's primary concern is the immediate safety of the alleged child victims. If necessary, the investigative specialist will develop a safety plan with the family to maintain the safety of the children during the course of the child abuse and neglect investigation



The investigative specialist will interview the alleged child victims and other children in the household, alleged perpetrators, parents, caretakers, other members of the household, extended family members and various other professionals, depending on the specific allegation of abuse or neglect. If you or members of your family are involved in an investigation, you should provide full and complete information to the investigative specialist who will ask you and your family members questions about the alleged incident and the home environment. You and your family members should provide the investigative specialist with the names and contact information of any witnesses, neighbors, friends, family members, relatives or professionals who has first hand knowledge of the alleged incident and who you wish the investigative specialist to contact during the investigation.

State law requires that the investigative specialist notify the police and the local State's Attorney of all serious allegations of child abuse

and neglect, such as those that allege serious physical injury or sexual abuse to a child. The police and the department may conduct a joint investigation, or the police may conduct their own investigation. The investigative specialist may also need to contact the police if individuals refuse to cooperate with the investigation.

The investigative specialist is required to gather all available information during the course of the investigation. This includes information tending to show that a person is responsible for committing child abuse and/or neglect as well as information tending to show that person is not responsible for committing child abuse and/or neglect. Once all of the available information has been gathered, the investigative specialist, in conjunction with a supervisor, will make a final finding in the case. There are two final finding decisions that can result from an investigation. A report can be "unfounded" or "indicated." When a report is unfounded, it means that the investigative specialist did not find credible evidence that a child was abused or neglect. When a report is indicated, it means that the investigative specialist found credible evidence that a child was abused or neglected. "Credible evidence" means that the available facts when viewed in light of surrounding circumstances would cause a reasonable person to believe that a child was abused or neglected.

How long does an investigation last?

Under state law, the department has 60 days to complete a child abuse and neglect investigation. Most child abuse and neglect investigations are completed within 30 days. The department may seek an extension of the 60 day requirement for good cause. Examples of good cause include a pending police investigation or obtaining reports from medical professionals.





How do I find out the results of the investigation?

You will be notified in writing by the department of the final finding of the department's investigation and the investigative specialist will contact you in person to advise you of the results of the investigation and the reason for the final finding. It is important that you keep the investigative specialist informed of your current home address and other personal contact information so that the investigative specialist can make sure that the most up to date information is contained in the investigation file.

The final findings of child abuse and neglect investigations are maintained on the department's State Central Register. The State Central Register is a confidential list of persons who have been found to be indicated perpetrators of child abuse and/or neglect. Information maintained on the department's State Central Register is confidential and not open to the general public. However, state law requires that various employers such as day care centers, some schools and other facilities where people work directly with children, conduct a background check on potential employees or volunteers to determine if the person has been indicated for child abuse and/or neglect as part of the employment process.

If the investigation is unfounded, the department's State Central Register will maintain the information for a period of time from one to three years, depending on the nature of the allegation. After the designated time period, the record of the investigation will be removed from the State Central Register. A person who has been the subject of an unfounded report may request in writing that the department retain a record of the investigation for harassment purposes.

If the investigation is indicated, the report will be maintained on the department's State Central Register for a period of time from five years to 50 years, depending on the specific allegation that is indicated.

What can I do if I have been indicated for child abuse or neglect?

Persons who have been indicated for child abuse and/or neglect have certain rights. These rights include:

- The right to receive a copy of the investigative file, absent certain information that the department is prohibited from releasing by law
- The right to request an administrative appeal hearing of the indicated finding, which includes the right to a hearing at which the indicated perpetrator and the department can present testimony and other evidence before a neutral Administrative Law Judge who make a recommended finding to the DCFS director
- The right to see judicial review of the director's final administrative decision after an administrative appeal hearing

Can DCFS remove my children from my care during an investigation?

The department's main focus during the investigative process is to assure the safety and protection of children. The department attempts to assure the safety of children in a variety of ways during the investigation. If the investigative specialist determines that children are unsafe but may be maintained in their home with a safety plan, the investigation specialist will explain the reason for the safety plan and develop a safety plan with the family that can keep children safe during the investigation.



State law permits an investigative specialist to take temporary protective custody of a child without the consent of the person responsible for the child's welfare only if there is reason to believe that the child is in immediate danger and there is not time to file a petition in court. Before a child is taken into protective custody, the investigative specialist will consider whether there are



other means available, such as a safety plan or assistance in locating and securing housing, which could avoid the need for the child to be removed from the home. A hearing before a judge will be held within 48 hours, excluding weekends and holidays, of a child being taken into protective custody.

What is a safety plan?

During the course of a child abuse and neglect investigation, the department is mandated by law to assess the safety of any alleged child victim and other potential victims and to take appropriate steps to insure the safety of those children. Department staff will work with the children's caretakers and other family members to develop strategies to maintain the safety of children during the course of an investigation. One method by which the department attempts to insure the safety of children is to develop a safety plan with the children's caretakers and other family members. A safety plan is a temporary, short-term plan designed to control serious and immediate threats to children's safety. Safety plans can take a variety of forms and are developed with the input and voluntary consent of the children's caretakers and other family members. During the course of the child abuse and neglect investigation, the children's safety will continually be reassessed as will the continued need for the safety plan.

After the investigative specialist has completed a safety assessment on the alleged child victim and any other potential victims, they will discuss the need for any safety interventions with the children's caretakers and/or family members. The investigation specialist will provide the children's caretakers with a copy of the completed safety assessment and will also explain the reasons they believe the safety plan is necessary. The investigative specialist will also discuss the need for safety interventions with the children's caretakers and other family members.

Safety plans can take a variety of forms and the family's input is essential in developing a plan. Safety plans can include asking a caretaker and/or children to live in another location during the course of an investigation, asking a caretaker and/or children to have supervised contact with children or asking another family member to move into the home during the investigation to supervise contact with the children. The specific requirements of each safety plan will depend on the individual circumstances of the investigation and the specific needs and circumstances of the family situation. The investigative specialist will provide the family with a written copy of the safety plan, and monitor and reassess the safety issues on a weekly basis.

What will happen if my child is removed from my care?

Whenever a child is taken into temporary protective custody, the investigative specialist is required to notify the child's parents of the reasons for the child's removal from their home. Within 48 hours of the child being taken into temporary protective custody, a shelter care hearing or temporary custody hearing is held in juvenile court. The purpose of the hearing is for a judge to determine whether the child is in need of protection. Parents will be provided with written notification of the date and time of the scheduled court hearing and should make every attempt to attend the court hearing. The judge will listen to the testimony at the hearing and make a decision whether to return the child to his or her parents or to order the department to serve as the child's temporary custodian. The department will attempt to provide services to the child and the child's parents to address the reasons that the case was brought into court and any other family issues.



What happens if the court does not return my children to my care at the first hearing?

In the event that the judge orders the department to serve as the children's guardian, the department will assign the family a caseworker who will attempt to address the issues that brought the family to the department's and the court's attention as well as any other family issues. The caseworker will work with the family to provide services to address the family's needs and the court will schedule court hearings to hear about the family's progress. Further information regarding the court process will be provided in the even that a child is removed from their parents and/or caretaker's physical custody.

Can I find out who called in the report to the hotline?

By law, DCFS cannot release the name of the person who made the report to the hotline or the names of other persons who cooperated in the investigation. Limited exceptions are described in the department's administrative rules, which are contained on the DCFS website.

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Administrative Code
Title 89 Social Services
Chapter 111: Department of Children and Family Services
Sub Chapter a: Service Delivery Part 300 Reports of child abuse and neglect
Section 200 Appendix B Child abuse and Neglect Allegations

Section 200 Appendix B Child Abuse and Neglect Allegations

Allegation #

1/51 Death pg.1

2/52 Head Injuries pg.1

4/54 Internal Injuries pg.2

5/55 Burns pg.2

6/56 Poison/ Noxious Substances pg.3

7/57 Wounds pg.3

9/59 bone fractures pg.4

0/60 Substantial Risk of Physical Injury (Abuse)/ Environment Injurious to health and Welfare (neglect) pg. 4

11/61 Cuts Bruises, Welts, Abrasions and oral Injuries pg.8

12/62 Human Bites pg.9

13/63 Sprains/ Dislocations pg.9

14 Tying/ Close Confinement pg. 10

15/65 Substance misuse pg.10

16 Torture pg. 12

17/67 Mental and Emotion Impairment pg. 12

18 Sexually Transmitted Diseases pg. 12

19 Sexual Penetration pg. 13

20 Sexual Exploitation pg. 13

21 Sexual Molestation pg. 14

22 Substantial Risk Sexual Injury pg. 14

40/90 Human Trafficking of children pg. 15

74 Inadequate Supervision pg. 16

75 Abandonment/ Desertion pg. 18

76 Inadequate Food pg.19

77 Inadequate Shelter pg. 20

78 Inadequate Clothing pg. 21

79 Medical Neglect pg. 21

81 Failure to Thrive (non-organic) pg. 23

82 Environmental Neglect pg. 23

83 Malnutrition (non-organic) pg. 24

84 lock out pg. 24

85 Medical neglect of disabled infants

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER a: SERVICE DELIVERY
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SECTION 300.APPENDIX B CHILD ABUSE AND NEGLECT ALLEGATIONS

Section 300.APPENDIX B Child Abuse and Neglect Allegations

This Appendix describes the specific incidents of harm which must be alleged to have been caused by the acts or omissions of the persons identified in Section 3 of the Abused and Neglected Child Reporting Act before the Department will accept a report of child abuse or neglect. The allegation definitions focus upon the harm or the risk of harm to the child. Many of the allegations of harm can be categorized as resulting from either abuse or neglect. All abuse allegations of harm are coded with a one or two digit number under 50. All neglect allegations of harm are coded with a two digit number greater than 50. The allegations of harm are defined as follows:

ALLEGATION #	DEFINITION
1/51	**Death**

Death means the permanent cessation of all vital functions.

The following definitions of death are also commonly used:

- Total irreversible cessation of cerebral function, spontaneous function of the respiratory system, and spontaneous function of the circulatory system;
- The final and irreversible cessation of perceptible heartbeat and respiration.

Verification of death must come from a physician or coroner.

2/52 **Head Injuries**

As used in this Part, head injury means a serious head injury causing skull fracture, brain damage or bleeding on the brain, such as subdural hematoma. Brain damage, skull fractures, hematomas and subdural hematomas are considered head injuries.

Brain Damage

Brain damage means injury to the brain contained within the cranium skull.

Skull Fracture

Skull fracture means a broken bone of the skull.

Hematoma

Hematoma means a swelling or mass of blood (usually clotted) confined to an organ, tissue or space and caused by a break in a blood vessel.

Subdural Hematoma

Subdural means beneath the dura mater (the outer membrane covering the spinal cord and brain).

A subdural hematoma is located beneath the membrane covering the brain and is usually the result of head injuries or the shaking of a small child or infant. It may result in the loss of consciousness, seizures, mental or physical damage, or death.

Additional abusive head trauma includes subarachnoid subgaleal and epidural hematomas.

Shaken Baby Syndrome

Abusive head trauma in infants and children is the medical diagnosis and communication to describe the historical term shaken baby syndrome.

Shaking of an infant causes stretching and tearing of blood vessels in the brain causing subdural hematoma, bleeding in the brain and retinal hemorrhage. These injuries may occur with or without obvious evidence of impact.

Verification of head injuries and the presence or absence of any predisposing medical condition that may have caused or contributed to the injuries must come from a physician, preferably a neurosurgeon or radiologist.

4/54

Internal Injuries

An internal injury is an injury which is not visible from the outside, e.g., an injury to the organs occupying the thoracic or abdominal cavities. Such injury may result from a direct blow or a penetrating injury. A person so injured may be pale, cold, perspiring freely, have an anxious expression, or may seem semicomatose. Pain is usually intense at first, and may continue or gradually diminish as patient grows worse.

Verification of internal injuries must come from a physician.

5/55

Burns

Burns

Burns are tissue injuries resulting from excessive exposure to thermal,

chemical, electrical or radioactive agents. The effects vary according to the type, duration and intensity of the agent and the part of the body involved. Burns are usually classified as first, second, third or fourth degree.

- First Degree (Partial Thickness)
 First degree burns are superficial burns in which damage is limited to the outer layer of the epidermis (skin) and are characterized by scorching or painful redness of the skin.

- Second Degree (Partial Thickness)
 Second degree burns are burns in which the damage extends through the outer layer of the skin into the inner layers (dermis). Blistering will be present within 24 hours.

- Third Degree (Full Thickness)
 Third degree burns are burns in which both layers of the skin (epidermis and dermis) are destroyed with damage extending into underlying tissues, which may be charred or coagulated.

- Fourth Degree (Full Thickness)
 Fourth degree burns are burns that extend beyond skin and underlying tissues into bone, joints and muscles.

Scalding

Scalding is a burn to the skin or flesh caused by moist heat and hot vapors, as steam.

Verification must come from a physician.

6/56

Poison/Noxious Substances

Poison

A poison is any substance, other than mood altering chemicals or alcohol, taken into the body by ingestion, inhalation, injection, or absorption that interferes with normal physiological functions. Virtually any substance can be poisonous if consumed in sufficient quantity. Therefore, the term poison more often implies an excessive amount rather than the existence of a specific substance.

Noxious Substances

Any substance deemed to be harmful, injurious, not wholesome.

Verification must come from a physician or by a direct admission from the alleged perpetrator that the poison/noxious substance was given to the minor by other than accidental means.

7/57

Wounds

A wound is a gunshot or stabbing injury.

Verification must come from a physician, a law enforcement officer or by a direct admission from the alleged perpetrator.

9/59

Bone Fractures

A fracture is a broken bone or certain cartilage injuries such as a broken nose.

Metaphyseal/Epiphyseal Fractures

Fractures located at the end of bones. They are commonly described as corner fractures, chipped fractures or bucket-handle fractures.

Diaphyseal Fractures

Diaphyseal fractures are located in the bone shaft. Fractures in the shaft of long bones of the extremities are spiral (oblique) or transverse. A spiral fracture is caused by twisting or rotational force. Transverse fractures results from a direct blow or bending force.

Verification of the injury and the likely cause, including presence or absence of any predisposing medical conditions that may have caused or contributed to the injury, must come from a physician, preferably an orthopedist or radiologist.

10/60

Substantial Risk of Physical Injury (Abuse)/Environment Injurious to Health and Welfare (Neglect)

10 – Substantial Risk of Physical Injury (Abuse)

Substantial risk of physical injury means that the *parent*, caregiver, *immediate family member* aged 16 or over, other person *residing in the home* aged 16 or over, or the *parent's paramour* has created a real and significant danger of *physical injury by other than accidental means that would likely cause death, disfigurement, impairment of physical health or loss or impairment of any body function* [325 ILCS 5/3]. This allegation of harm is to be used when the type or extent of harm is undefined but the total circumstances lead a reasonable person to believe that the child is at substantial risk of physical injury. This allegation of harm also includes incidents of violence or intimidation directed toward the child that have not yet resulted in injury or impairment but that clearly threaten injury or impairment.

Incidents

Examples of incidents that can cause a substantial risk of physical injury include, but are not limited to:

- Choking the child;
- Smothering the child;
- Pulling the child's hair out;

- Violently pushing or shoving the child into fixed or heavy objects;
- Throwing or shaking a smaller child;
- Subjecting the child to participation in or witnessing the physical abuse or restraint of another person when it is used by the perpetrator to intimidate the child (e.g., this could happen to you, this will happen to you); or
- Other violent or intimidating acts directed toward the child that cause excessive pain or fear.

Circumstances

Examples of circumstances that place the child in substantial risk of physical injury include, but are not limited to:

- A perpetrator of child abuse who has been ordered by a court to remain out of the home returns home and has access to the abused child;
- Anyone living in the home has a documented history of violence toward children or has been arrested for violence to a child;
- Domestic violence in the home when the child has been threatened and the threat is believable, as evidenced by a past history of violence or uncontrolled behavior on the part of the perpetrator;
- Allowing or encouraging a child to be involved in a criminal activity; or
- The circumstances surrounding the death of one child provides reason to believe that another child is at real and significant risk of harm.

60 – Environment Injurious to Health and Welfare (Neglect)

Environment injurious means that a *child's environment creates a likelihood of harm to the child's health, physical well-being or welfare and* that *the likely harm to the child is the result of a blatant disregard of parent or caretaker responsibilities* [325 ILCS 5/3]. This allegation shall be used when the type or extent of harm is undefined but the totality of circumstances, including inculpatory and exculpatory evidence, leads a reasonable person to believe that the child's environment may likely cause harm to the child's health, physical well-being or welfare due to the parent's or caretaker's blatant disregard. Blatant disregard is defined as *an incident where the real, significant and imminent risk of harm would be so obvious to a reasonable parent or caretaker that it is unlikely that a reasonable parent or caretaker would have exposed the child to the danger without exercising precautionary measures to protect the child from harm* [325 ILCS 5/3]. This allegation of harm shall also be used when there are conditions that create a real, significant and imminent likelihood of harm to the child's health, well-being or welfare (i.e., domestic violence,

intimidation, or a child's participation in a criminal act) and the parent or caretaker blatantly disregarded his/her parental responsibility by failing to exercise reasonable precautionary measures to prevent or mitigate the imminent risk of moderate to severe harm.

Circumstances

Examples of circumstances that may create real, significant and imminent risk of moderate to severe harm include, but are not limited to:

- exposure to toxic vapors resulting from flammable or corrosive chemicals used in the manufacture of illicit drugs;
- the circumstances surrounding the death of one child provides reason to believe that another child is at real, significant and imminent risk of harm;
- exposing a child to an environment that significantly affects the health and safety of the child, based on the sale or manufacture of illegal drugs;
- a court has adjudicated a parent as unfit and the parent has not completed services that would correct the conditions or behavior leading to the court finding;
- situations that place a child at substantial risk of harm due to the effects of being subjected to participation in or the witnessing of the use of physical force or restraint of another.

Examples of circumstances that may, though not by themselves, create a real, significant and imminent risk of moderate to severe harm include, but are not limited to:

- Domestic Violence: The Illinois Domestic Violence Act defines domestic violence as a crime in which *physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation* [750 ILCS 60/103(1) and (3)] is perpetrated by one family or household member against another. *Family or household members include spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who shared or allegedly share a blood relationship through a child, persons who have or have had a dating or engagement relationship, persons with disabilities and their personal assistants and caregivers as defined in* Section 12-4.4a of the Criminal Code of 2012 [720 ILCS 5/12-4.4a]. [720 ILCS 5/12-0.1]
 - An incident of past or current domestic violence may qualify for an allegation of environment injurious if the domestic violence creates a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-

being, or welfare, and the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child.

- Domestic violence is also referred to as "intimate partner violence". The adult victim of domestic violence, who is the non-offending parent or caregiver, is presumed to not be neglectful or to have created an environment injurious to the child so long as he or she has exercised precautionary measures to prevent or mitigate the real, significant and imminent risk of moderate to severe harm to the child.

- Mental Health: A parent's or caregiver's mental illness and behavior may qualify for an allegation of environment injurious if an incident or behavior that is symptomatic of the mental illness creates a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being or welfare, and if the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child. To indicate an allegation based on this factor, the Investigation Specialist must rule out dependency, as defined in the Juvenile Court Act of 1987 [705 ILCS 405], as the presenting problem.

- Substance Abuse/Dependence: A parent's or caregiver's substance abuse/dependence and behavior may qualify for an allegation of environment injurious if an incident or behavior caused by the substance abuse/dependence creates a real, significant and imminent risk of moderate to severe harm to a child's health, physical well-being or welfare, and if the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child.

- Prior Harm to a Child: Prior harm to a child may qualify for an allegation of environment injurious on behalf of another child if the prior incidents of harm create a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being or welfare and if the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child.

Factors To Be Considered

Whether there is a real and significant danger to justify taking a report is determined by the following factors. All factors need not be present to justify taking the report. One factor alone may present sufficient danger to justify taking the report. The list of factors does not constitute child abuse or neglect in every instance. All factors must be given consideration in order to identify potential aggravating or mitigating circumstances.

- The child's age;

- The child's medical condition, behavioral, mental or emotional

problems, developmental disability or physical handicap, particularly related to his or her ability to protect himself or herself;

- The severity of the occurrence;
- The frequency of the occurrence;
- The alleged perpetrator's physical, mental and emotional abilities, particularly related to his or her ability to control his or her actions;
- The dynamics of the relationship between the alleged perpetrator and the child;
- The alleged perpetrator's access to the child;
- The previous history of indicated abuse or neglect;
- The current stresses or crisis in the home;
- The presence of other supporting persons in the home; or
- The precautionary measures exercised by a parent or caregiver to protect the child from harm.

11/61

Cuts, Bruises, Welts, Abrasions and Oral Injuries

Cut (Laceration)

A cut is an opening, incision or break in the skin made by some external agent.

Bruise

A bruise is an injury that results in bleeding under the skin, in which the skin is discolored but not broken. A bruise is also referred to as a contusion.

Welt

A welt is an elevation on the skin produced by a lash, blow, or allergic stimulus. The skin is not broken and the mark is reversible.

Abrasion

An abrasion is the scraping away of the skin.

Oral Injuries

Oral injuries are injuries to the child's mouth, including broken teeth.

Factors To Be Considered

Not every cut, bruise, welt, abrasion, or oral injury constitutes an

allegation of harm. The following factors should be considered when determining whether an injury that resulted in cuts, bruises, welts, abrasions or oral injuries constitutes an allegation of abuse or neglect:

- The child's age, mobility and developmental stage. Bruises on children younger than 6 months are suspicious due to the limited mobility often seen in children 0 to 6 months of age.
- The child's medical condition, behavioral, mental, or emotional problems, developmental disability, or physical handicap, particularly as they relate to the child's ability to seek help.
- A single incident or pattern or chronicity of similar events.
- The severity/extent of the cuts, bruises, welts, abrasions, or oral injuries (size, number, depth, extent of discoloration). Some bruises may fade quickly, such as around a young child's mouth, but still be considered serious if the type of bruise (e.g., fingerprint marks) suggest intentionality.
- The location of the cuts, bruises, welts, abrasions, or oral injuries. Accidental bruises are frequently seen over boney areas such as knees, shins, the forehead, and other exposed bony surfaces. Bruises located on padded areas such as the buttocks, cheeks, genitalia, or on relatively protected areas like the ear lobes, neck or upper lip, or on soft areas such as the stomach are highly suspicious.
- The pattern of the injury.
- Whether the injury was caused by an instrument used on the child.
- Previous history of indicated abuse or neglect, or history of previous injuries.

If the child has been treated by a physician, verification of the injury and the likely cause, including the presence or absence of any predisposing medical conditions that may have caused or contributed to the injury, must come from the physician who treated the child. Direct admission of the alleged perpetrator.

12/62

Human Bites

A human bite is a bruise, cut or indentation in the skin caused by seizing, piercing, or cutting the skin with human teeth.

Previous history of indicated abuse or neglect or history of previous injuries.

13/63

Sprains/Dislocations

Sprain

A sprain is a trauma to a joint that causes pain and disability, depending

upon the degree of injury to ligaments and/or surrounding muscle tissue. In a severe sprain, ligaments and/or muscle tissue may be completely torn. The signs are rapid swelling, heat and disability, often discoloration and limitation of function.

Dislocation

A dislocation is the displacement of any part, especially the temporary displacement of a bone from its normal position in a joint. Types of dislocations include complicated, compound, closed and complete.

- Complicated. A complicated dislocation is associated with other major injuries.
- Compound. A compound dislocation is one in which the joint is exposed to the external air.
- Closed. A closed dislocation is a simple dislocation.
- Complete. A complete dislocation is a dislocation that completely separates the surfaces of a joint.

The injury was inflicted or allowed to be inflicted through other than accidental means or was a result of blatant disregard of parental or caregiver responsibilities.

Verification of the injury and likely cause, including the presence or absence of any predisposing medical condition that may have caused or contributed to the injury, must come from a physician, preferably an orthopedist or radiologist.

14 **Tying/Close Confinement**

Tying/close confinement is the unreasonable restriction of a child's mobility, actions, or physical functioning by tying the child to a fixed (or heavy) object, tying limbs together or forcing the child to remain in a closely confined area that restricts physical movement. Examples include, but are not limited to:

- Locking a child in a closet or small room;
- Tying one or more limbs to a bed, chair, or other object, except as authorized by a licensed physician;
- Tying a child's hand behind his or her back;
- Putting a child in a cage;
- Locking or blocking exits with the intention of preventing the child's ability to escape in case of an emergency.

15/65 **Substance Misuse**

Option A

The consumption of a mood altering chemical capable of intoxication to the extent that it harmfully affects the child's health, behavior, motor coordination, judgment, or intellectual capability. Mood altering chemicals include cannabis (marijuana), hallucinogens, stimulants (including cocaine and methamphetamine), sedatives (including alcohol and Valium), narcotics, or inhalants (abuse/neglect). Abuse occurs if the parent provides the substance to the child. Neglect occurs if the parent allows the use or fails to protect the child from consumption.

Option B

A diagnosis of fetal alcohol syndrome or drug withdrawal at birth caused by the mother's addiction to drugs is included in this definition and is considered child neglect (neglect).

Option C

Any amount of a controlled substance or a metabolite thereof that is found in the blood, urine or meconium (newborn's first stool) of a newborn infant. A controlled substance is defined in subsection (f) of Section 102 of the Illinois Controlled Substances Act [720 ILCS 570/102] (neglect). The presence of such substances shall not be considered as child neglect if the presence is due to medical treatment of the mother or infant.

NOTE: Methadone withdrawal or other withdrawal verified as under the auspices of a drug treatment program is not included under drug withdrawal at birth.

Examples

- Giving a minor (unless prescribed by a physician) any amount of heroin, cocaine, morphine, peyote, LSD, PCP, pentazocine, or methaqualone or encouraging, insisting, or permitting a minor's consumption of the above substances.
- Giving any mood altering substance, including alcohol or sedatives, unless prescribed by a physician, to an infant or toddler.
- Encouraging, insisting or permitting any minor to become intoxicated by alcohol, drugs, or another mood altering substance even if on an infrequent basis.

Parents supervising children permitted to drink a small amount of alcohol as part of a religious or family celebration should not be considered abusive/neglectful.

Factors To Be Considered

- Age of the child;
- Frequency of substance misuse;

- Amount of substance consumption;
- Whether the substance is illegal for general population use;
- Degree of behavioral dysfunction, or physical impairment linked to substance misuse;
- The child's culture, particularly as it relates to use of alcohol in religious ceremonies or on special occasions;
- Whether the parent or caregiver's attempts to control an older child's substance misuse or to seek help for the child's substance misuse were reasonable under the circumstances;
- Whether the parent or caregiver knew or should have known of the child's substance misuse.

16 **Torture**

Torture means inflicting, or subjecting the child to, intense physical and/or mental pain, suffering or agony that can be a one time incident or is severe, repetitive, increased or prolonged. This definition includes genital mutilation.

17/67 **Mental and Emotional Impairment**

Mental and emotional impairment means injury to the intellectual, emotional or psychological development of a child as evidenced by observable and substantial impairment in the child's ability to function within a normal range of performance and behavior, with due regard to his or her culture.

Verification that a child has been mentally injured must come from a medical doctor, psychiatrist, registered psychologist, certified social worker, registered nurse or a therapist or counselor of a community mental health agency or a licensed therapist in private practice.

18 **Sexually Transmitted Diseases**

A sexually transmitted disease is a disease that was acquired originally as a result of sexual penetration or sexual conduct with an individual who is afflicted with the disease. The diseases may include, but are not limited to:

- Acquired Immune Deficiency Syndrome (AIDS)
- AIDS Related Complex (ARC)
- Chancroid
- Chlamydia Trachomatis
- Genital Herpes

- Genital Warts
- Gonorrhea
- Granuloma Inquinale
- HIV Infection
- Lymphogranuloma Venereum
- Neisseria Gonorrhea
- Proctitis
- Syphilis
- Trichomonas Vaginalis (Symptomatic)

Sexual penetration is defined in the Illinois Criminal Sexual Assault Act as "any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one person or any animal or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio or anal penetration."

Sexual conduct is defined in the Act as "any intentional or knowing touching or fondling of the victim or the perpetrator, either directly or through clothing of the sex organs, anus or breast of the victim or the accused, or any part of the body of a child…for the purpose of sexual gratification or arousal of the victim or the accused."

Verification of sexually transmitted diseases must come from a medical source.

19

Sexual Penetration

Sexual penetration is any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one person or any animal or object into the sex organ or anus of another person. This includes acts commonly known as oral sex (cunnilingus, fellatio), anal penetration, coition, coitus, and copulation.

In order to indicate this allegation, benign touching for the purpose of rendering normal, routine and reasonable care must be ruled out.

20

Sexual Exploitation

Sexual exploitation is the use of a child for sexual arousal, gratification, advantage, or profit. This includes, but is not limited to:

- Indecent solicitation of a child/explicit verbal enticement;
- Child pornography;

- Intentionally exposing a child to sexually explicit material in any form;
- Exposing sexual organs to a child for the purpose of sexual arousal or gratification;
- Forcing the child to watch sexual acts;
- Self-masturbation in the child's presence;
- Other behavior by an eligible perpetrator that, when considered in the context of the circumstances, would lead a reasonable person to conclude that sexual exploitation of a child has occurred.

NOTE: Sexual penetration and molestation are excluded from this allegation. They are listed as separate allegations.

21

Sexual Molestation

Sexual molestation is sexual conduct with a child when the contact, touching or interaction is used for arousal or gratification of sexual needs or desires. Parts of the body, as used in the examples below, refer to the parts of the body described in the definition of sexual conduct found in the Illinois Criminal Sexual Assault Act [720 ILCS 5/12-12] as quoted above under Allegation 18, Sexually Transmitted Diseases. Examples include, but are not limited to:

- Fondling;
- The alleged perpetrator inappropriately touching or pinching parts of the child's body generally associated with sexual activity;
- Encouraging, forcing, or permitting the child to touch parts of the alleged perpetrator's body normally associated with sexual activity.

22

Substantial Risk of Sexual Injury

Substantial risk of sexual injury means that the parent, caregiver, immediate family member, other person residing in the home, or the parent's paramour has created a real and significant danger of sexual abuse as explained in the following options.

Option A

An indicated, registered, or convicted sex perpetrator has significant access to children, and the extent/quality of supervision during contact is unknown or suspected to be deficient.

Option B

There are siblings or other children in the same household as the alleged perpetrator of a current allegation of sexual abuse. There is credible information/evidence of a current or previous incident of child sexual

abuse that did not meet Department eligibility requirements for a report to be taken (e.g., an ineligible victim or the victim discloses after attaining the age of 18) and the alleged perpetrator has current access to children.

Option C

Persistent, highly sexualized behavior or knowledge in a very young child (e.g., under the age of 5 chronologically or developmentally) that is grossly age inappropriate, and there is reasonable cause to believe that the most likely manner in which this behavior or knowledge was learned is in having been sexually abused.

Reports of risk of sexual harm are not to be taken solely on the inappropriate or suggestive behavior of the alleged offender or because there is insufficient information for an allegation of specific sexual abuse.

If, during the course of the investigation, a specific allegation of harm is identified, the appropriate allegation must be added and a determination made on all the allegations. If another allegation is determined to be more appropriate, that allegation should be utilized and the substantial risk of sexual injury allegation unfounded.

Option D

A member of the household is suspected of, or known to possess or engage in, the making and/or distribution of child pornography and has significant access to the children and the extent/quality of the supervision is unknown or suspected to be deficient.

A member of the household has engaged in child pornography activities outside and/or inside the residence and has significant access to the child and the extent/quality of the supervision is unknown or suspected to be deficient.

40/90

Human Trafficking of Children

Federal law defines severe forms of trafficking of persons as: sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery. (22 USC 7102(8))

Incidents of Maltreatment

- Coerced labor exploitation (abuse);
- Domestic servitude (abuse);
- Commercial sexual exploitation (i.e., prostitution) (abuse);
- Anyone in the home exposes the child to an environment that significantly influences the child's health and safety (neglect).

Factors To Be Considered

All factors need not be present to justify taking a report. One factor alone may present sufficient danger to justify taking a report.

- The child's age.
- The child's inability to attend school on a regular basis due to actions of the perpetrator.
- A child who is a chronic runaway has been recruited, enticed, harbored and transported for the purpose of forced labor and/or commercial sexual exploitation.
- The child makes references to frequent travel to other cities.
- The child makes reference to having a pimp.
- The child makes reference to being coerced into performing illegal activities.
- The child exhibits bruises or other physical trauma, withdrawn behavior, depression or fear.
- The child lacks control over his or her identification documents.
- The child shows signs of exposure to drug manufacturing.

Additional factors that may indicate sex-related trafficking include the following:

- The child has a sudden change in attire, behavior or material possessions (e.g., expensive items).
- The child makes references to sexual situations that are beyond age-specific norms.
- The child has a "boyfriend/girlfriend" who is noticeably older (10+ years).
- The child makes references to terminology of the commercial sex industry that are beyond age-specific norms or engages in promiscuous behavior and may be labeled "fast" by peers.

Inadequate Supervision

Inadequate supervision occurs when a child is placed at a real, significant and imminent risk of likely harm due to a parent's or caregiver's blatant disregard of parental or caregiver responsibilities of care and support, including supervision.

"Blatant disregard" means an incident where the real, significant, and imminent risk of harm would be so obvious to a reasonable parent or

caretaker that it is unlikely that a reasonable parent or caretaker would have exposed the child to the danger without exercising precautionary measures to protect the child from harm. [325 ILCS 5/3]

Option A – Children Left Home Alone, Outside or in the Community

This option may be used when a child has been placed at a real, significant and imminent risk of likely harm by being left alone at home, outside or in the community due to a parent's or caregiver's blatant disregard of his or her duty of care.

Option B – Children Left in Vehicles

This option may be used when a child has been placed at a real, significant and imminent risk of likely harm by being left alone inside a vehicle due to a parent's or caregiver's blatant disregard of his or her duty of care.

Option C – Children Left in the Care of an Inadequate Caregiver

This option may be used when a child has been placed at a real, significant and imminent risk of likely harm by being left in the care of an individual whose age, impairment, lack of qualifications or insufficient capabilities posed an obvious risk of likely harm to the child due to a parent's or caretaker's blatant disregard of his or her duty of care.

Option D – General Category

This option may be used when a child has been placed at a real, significant and imminent risk of likely harm when the child is not receiving proper care or support, including supervision due to a parent's or caregiver's blatant disregard of his or her duty of care.

Factors to Be Considered

To determine if the child is placed at a real, significant and imminent risk of likely harm due to a parent's or caregiver's blatant disregard of parental or caregiver responsibilities, the following factors should be considered. The list of factors does not constitute child neglect in every instance and all factors need not be present when making a final finding determination.

- Age of the child;
- Special needs of the child;
- Maturity level of the child;
- The duration of time and frequency of occurrence the child was left without care and support, including supervision;
- The time of day or night the child was left without care and support, including supervision;